



# Adelaide

7 November 2017

*28 participants*

## Monitoring and Reporting Framework Mental Health and Suicide Prevention

**ABOUT** - The National Mental Health Commission is developing a strategic Framework to guide our national monitoring and reporting on mental health and suicide prevention with input from consumers, carers, families and support people, service providers, policy and decision makers across Australia. This summary is from the workshop discussion held in Adelaide.

**KEY THEMES** – at the Adelaide workshop, the following issues were highlighted:

- The importance of person-centred care and consumer and carer leadership.
- Stigma and discrimination remain a major concern across community and services and needs to be a area of focus.
- The Commission could use the Framework to drive improvements in data and information availability, support data linkage and better use of existing data, including NGO data.
- Information directly provided by consumers and carers and their stories needs to be central to the Framework.
- Ensuring priority focus on people living with severe and persistent mental illness.
- A focus on early childhood and life transitions is needed.

**DOMAINS** – What are they key priorities and missing domains?

- Inclusion of PHN commitments.
- Promotion of early investment, improving quality of life, and exploring cost benefit of effective early intervention.
- Clearly defining the meaning of a contributing life.
- Linking across sectors, including housing, education etc.
- Promoting collection of data on suicide attempts and intentional self-harm.
- Measuring the impact of trauma on people's lives.
- Improving outcomes for Aboriginal and Torres Strait Islander people.
- Promoting mentally healthy workplaces.



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## PRIORITY GROUPS – Which groups are a priority and who has been missed?

- A number of groups were identified as missing including: people experiencing homelessness, people experiencing domestic violence, people in contact with the justice system, low prevalence disorders, people living with severe and enduring mental illness, carers, people with drug and alcohol issues and first responders.
- The age range for children and adolescents needs to be specified.
- An added challenge is how these priority groups intersect.



## DATA AND ANALYSIS – Where can we add value and what are the challenges

- Emphasising stories and family's feedback, ensuring the consumer's full story is told.
- Partnering with researchers and developing a national common data set.
- Utilising a range of data sources including government statistics, peer reviewed articles, human rights commission, prisoner health data, coroner's reports, mental health teaching curriculum, and NGO data.
- Effectively utilising data from non-mental health services such as housing, education, and homelessness data.

## REPORTING FORMATS – What reporting formats should be considered?

- Online reporting for ease of updating information.
- Keep it relevant.
- Web based enquiry systems similar to 'head-to-health' website.

# Thank you

*The Commission is grateful for the time and invaluable insights workshop participants provided. The feedback gathered through the consultation will help us shape a national monitoring and reporting Framework that will provide information to support change in mental health and suicide prevention.*



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